

| ROUTING AND TRANSMITTAL SLIP | | Date |
|---|----------------------|------------------|
| | | 27 August 1981 |
| TO: (Name, office symbol, room number, building, Agency/Post) | Initials | Date |
| 1. Chief, RCD, 1105 Ames Bldg. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| Action | File | Note and Return |
| Approval | For Clearance | Per Conversation |
| As Requested | For Correction | Prepare Reply |
| Circulate | For Your Information | See Me |
| Comment | Investigate | Signature |
| Coordination | Justify | |

REMARKS Ref: DD/A 81-0004/10

Please process for publication as a Headquarters Notice the attached policy statement on malpractice protection for Agency medical personnel.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

| | |
|--|----------------|
| FROM: (Name, org. symbol, Agency/Post) | Room No.—Bldg. |
| Acting EO/DDA | Phone No. |

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

☆ GPO : 1980 O - 311-156 (17)

Distribution:

0 - C/RCD w/policy statement
① - DDA Subject w/o statement
EO/DDA/ba(27Aug91)

AUG 19 10 21 AM '81

ER

After discussion with OMS and OGC, we are persuaded that this statement, while not extending malpractice protection to the degree envisioned by our medical consultant, reflects the best balance possible within the law for both individual Agency doctors and the Government. The DDA and we also want to permit Agency payment for malpractice insurance for those Regional Medical Officers assigned to remote areas such as [redacted] and the like where independent judgments and actions are often required. This statement seems flexible enough to allow for that.

[redacted]
Charles A. Briggs
Inspector General

Date 25 August 1981

FORM 101 USE PREVIOUS
5-75 EDITIONS